

(Also print or type clearly)

Posi Gilmacha

U:SharedDocuments/ZBA/zba-zoningapplication_March2016

ZONING BOARD OF APPEALS TOWN OF WEST HARTFORD 50 SOUTH MAIN STREET WEST HARTFORD, CT 06107-2431 TEL: (860) 561-7555 FAX: (860) 561-7504 www.westhartfordct.gov

Petition # 97-19 Fee \$ 430.00

ZONING APPLICATION FOR: (check one of the following) SPECIAL EXCEPTION VARIANCE APPEAL RULING OF ZONING MOTOR VEHICLE DEALER/ ENFORCEMENT OFFICER REPAIRER LOCATION APPROVAL **LOCATION OF** Armoldale Rd.

(NEAREST CROSS STREET) (LOT#) (ZONING DISTRICT) APPLICANT Robin Gilmartin 737 Forming Ave West Imulas 860.833.3368 robingilmactin@ Coment net
(TELEPHONE#) (EMAIL) APPLICANT'S INTEREST IN PROPERTY Dwner RECORD OWNER OF PROPERTY Rolin Gilmarko + Diane Mack 737 From the Ave (Name) (Address) West Uttn Tour de 15 DESCRIBE YOUR APPLICATION: Include applicable sections of the Zoning Ordinance. For applications for a VARIANCE, state legal hardship. Attach second sheet, if necessary. This application must be accompanied by the required fee, site plan(s), and any other information required by the Zoning Ordinance, - I'm applying her a Special Exception (continuation) Under \$177-49 in order to continue to conduct a conselling practice in my home

- This Special Everytim was originally approved on May 20 2015 The undersigned warrants the truth of all statements contained herein and in all supporting documents to the best of his/her knowledge and belief. Furthermore, the applicant agrees that submission of this document constitutes permission and consent to Board and Staff inspections of the site. Note: Notice is hereby given the Connecticut Department of Public Health must be notified by applicants for any project located within a public water supply aquifer protection area or watershed area. (CTDPH website at http://www.dph.state.ct.us) SIGNATURE OF APPLICANT & DATE SIGNATURE OF PROPERTY OWNER & DATE

(Also print or type clearly)

Robin Gilmarkin

WEST HARTFORD ZONING BOARD OF APPEALS

SPECIAL EXCEPTION (177-49)

INFORMATION SHEET

APPLICANT: Robin Gilmartin
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TYPE OF SPECIAL EXCEPTION: Home based Counselling prombine
PROPOSED HOURS OF BUSINESS:
WEEKDAY HOURS: 10 am - 5 pm
EVENING HOURS: 5 pm - 7 pm
WEEKEND HOURS: Occasional Sunday afternoon
NUMBER OF PARKING SPACES: 2
NUMBER OF EMPLOYEES: O
LOCATION OF OFFICE AREA FOR BUSINESS OFFICE: / ST Floor
NUMBER OF CLIENTS PER DAY: 2-6 per day per therapist
ADDITIONAL INFORMATION: Hows listed are hones of availability
Clients are seen intermittently during Mut time frame

 $Shared/ZBA/SpecialExceptionRenewal/InformationSheet_Oct05$